

**State Well Report
Part 1 - Driller's Log**

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Desoto
Permit #:
Driller: Jones W. Masor
Date drilling completed: 12-27-05

For Office Use Only:
Aquifer:
Well #: M-178
L. S. Elevation:
E-log #:

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

<p>Information on Well Owner (Landowner if borehole is not for a water well)</p> <p>Owner Name: <u>Biff Markler</u> Mailing Address: <u>9341 Corvelle</u> <u>Olive Branch MS 38654</u> City State Zip Code Telephone No.: <u>(901) 396-4131</u></p>	<p>Well or Borehole Location</p> <p>Latitude: <u>34.48.682</u> Longitude: <u>89.49.444</u> Method of Lat/Long (circle one): <u>41</u> Conventional Survey, <u>26</u> USGS quad, <u>Hand-held GPS</u>, Survey-grade GPS <u>SE 1/4 NW 1/4 Sec 22 Twn 35 Rng 6W</u> Distance Direction Nearest Town <u>1/2</u> Miles <u>NW</u> of <u>Cockrum</u></p>
<p>Well / Borehole Data</p> <p>Date drilling started: <u>12-27-05</u> Date drilling completed: <u>12-27-05</u> Hole depth: <u>170'</u> Hole diameter: <u>8"</u> Location of the source of any surface water used for drilling: <u>NA</u> Method of dosing and volume of Chlorine used in drilling and development: <u>NA</u> Logs run (circle all applicable): <u>No log run</u> Electric Gamma Ray Density Sonic Neutron Other: _____ Name of organization running log(s): <u>NA</u> Purpose of borehole (check one): Water Well <input checked="" type="checkbox"/> Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____ Seismic Survey _____ Other (describe) _____</p>	
<p><i>If drilling is not related to water well construction, skip the remainder of this block</i></p> <p>Purpose of Well (check one): Home <input checked="" type="checkbox"/> Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____ If a flowing well, method of flow regulation: Valve <u>NA</u> Other (describe) _____ Static Water Level: <u>70</u> feet above of <u>below</u> (circle one) land surface Date measured: <u>12-27-05</u> Method of Measurement (circle one) steel tape electric tape air line other: <u>string weight</u> Well depth: <u>170'</u> Well grouted to a depth of <u>10</u> feet Type of grout (circle one): Neat Cement <u>Bentonite</u> Mix Casing length: <u>160</u> feet Casing diameter: <u>4</u> inches Type of casing: <u>pvc</u> Screen length: <u>10</u> feet Screen diameter: <u>4</u> inches Type of screen: <u>pvc</u> Screen slot size: <u>010</u> inches Setting depth: From <u>160</u> feet to <u>170</u> feet Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescoped Open hole Natural Development Other (describe): _____ Top of lap pipe or reduction in casing: <u>NA</u> feet. <i>If telescoped or more than one screen, describe on next page</i></p>	

Form: OLWR-SWR-1A

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Desoto
 Permit #: _____
 Driller: Jones W. Masow
 Date completed: 12-27-05
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: M-178
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Biff Markler</u>	Latitude: <u>34.48.682</u> Longitude: <u>89.49.444</u>
Mailing Address: <u>9341 Corielle</u>	Method of Lat/Long (check one): Conventional Survey <u>41</u> <input type="checkbox"/> Survey-grade GPS <u>26</u> <input checked="" type="checkbox"/>
<u>Oliver Brown MS 38654</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____
City State Zip Code	<u>SE 1/4 NW 1/4 Sec 22 T 35 R 6w</u>
Telephone No. <u>(801) 333 396-4131</u>	Distance Direction Nearest Town <u>1/2 Miles NW of Cockrum</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="checkbox"/> Turbine <input type="checkbox"/>	Electric Motor <input checked="" type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/>
Centrifugal Rotary <input type="checkbox"/> Flowing Well <input type="checkbox"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>3/4</u>
Date Pump Installed: <u>12-27-05</u>	Setting Depth: <u>140'</u> feet
Rated Pump Capacity: <u>12</u> Gallons Per Minute	Number of Stages: <u>11</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>12-27-05</u>	Air Line Electric Measuring Line <input checked="" type="checkbox"/> Steel Tape <input type="checkbox"/>
Static Water Level (A): <u>70</u> Feet Below Land Surface	Other (specify): <u>string/weight</u>
Pumping Water Level (B): <u>NA</u> Feet Below Land Surface	For flowing well, measured shut in head: <u>NA</u> feet
Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface	Well yielded <u>12</u> GPM with a drawdown of
Test Pumping Rate: <u>12</u> Gallons Per Minute	<u>NA</u> feet after <u>24</u> hours of pumping
Duration of Pump Test (minimum 4 hours): <u>24</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Jones W. Masow _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

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